PART B - FEE(S) TRANSMITTAL

Complete and se	і аррпсаві	Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885								
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifications.	s form should be used correspondence includi- ted below or directed of ations.	for transming the Pate herwise in	itting the ISSI ent, advance of Block I, by (UE FEE and PUBLIC orders and notification a) specifying a new c	OATI of n	ON FEE (if requinaintenance fees we pondence address;	red). Blo ill be ma and/or (ocks 1 through 5 shailed to the current b) indicating a separate	ould be completed when correspondence address a rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
VOLPE AND DEPT. ICC UNITED PLAZ 30 SOUTH 17T				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
PHILADELPHI						(Depositor's name)				
			February 20, 2009				(Signature)			
	<u></u>	<u> </u>			L₽€	ebruary 20,		9 	(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVEN			ATTORN	IEY DOCKET NO.	CONFIRMATION NO.	
10/648,019 TITLE OF INVENTION	08/26/2003 N: WIRELESS DEVICE	OPERATII	NG SYSTEM	Robert Gazda (OS) APPLICATION I	PRO	GRAMMER'S INT		-0353.1US E (API)	3473	
APPLN. TYPE	SMALL ENTITY	ISSUE	FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$	1510	\$300		\$0		\$1810	02/24/2009	
EXAMINER		AR	T UNIT	CLASS-SUBCLASS						
SEYE, ABDOU K 2194				719-328000						
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							nd Koenig, P.C			
. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE P	RINTED ON T	THE PATENT (print o	r typ	e)				
(A) NAME OF ASSIC	tal Technology	Corpo	oration	(B) RESIDENCE: (C Wilmington	n,	and STATE OR CO	OUNTRY	Ŋ		
lease check the appropr	iate assignee category or	categories	(will not be pr	inted on the patent):		Individual 🗓 Con	poration	or other private grou	p entity Governmen	
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• •	s SMALL ENTITY statu d Publication Fee (if requeecords of the United State			b. Applicant is no d from anyone other th Office.	_	-			,	
Authorized Signature		Date February 20, 2009								
		omas A. Mattioli Registration No. 56,773								
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